


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90013 013 \*\*\*150.00

**DOCUMENT # P00000031912**

1. Entity Name  
**LUNSKI CONSTRUCTION INC.**



Principal Place of Business  
**6991 BRIARWOOD AVE  
 PINELLAS PARK, FL 33781**

Mailing Address  
**6991 BRIARWOOD AVE  
 PINELLAS PARK, FL 33781**

**40055386**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03162007 Chg-P CR2E034 (12/06)

City & State  
 City & State

4. FEI Number  
**65-0999804**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LUNSKI, LECH  
 6991 BRIARWOOD AVE  
 PINELLAS PARK, FL 33781**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME         | STREET ADDRESS     | CITY-ST-ZIP             | <input type="checkbox"/> Delete |
|-------|--------------|--------------------|-------------------------|---------------------------------|
| P     | LUNSKI, LECH | 6991 BRIARWOOD AVE | PINELLAS PARK, FL 33781 | <input type="checkbox"/>        |
|       |              |                    |                         | <input type="checkbox"/>        |
|       |              |                    |                         | <input type="checkbox"/>        |
|       |              |                    |                         | <input type="checkbox"/>        |
|       |              |                    |                         | <input type="checkbox"/>        |
|       |              |                    |                         | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lech LUNSKI / PRES **04/05/07** **727 804 5644**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #